

## **HEALTH CARE ADVISORY BOARD**

Meeting Summary

June 11, 2012

### **MEMBERS PRESENT**

Marlene Blum, Chairman  
Rose Chu, Vice Chairman  
Bill Finerfrock, Vice Chairman  
Francine Jupiter  
Dr. Tim Yarboro  
Dr. Marty Lebowitz  
Rosanne Rodilosso  
Ann Zuvekas  
Ellyn Crawford  
Dave West

### **STAFF**

Sherryn Craig

### **GUESTS**

Gloria Addo-Ayensu, MD, MPH, Health Department  
Rosalyn Foroobar, Health Department  
Pieter Sheehan, Health Department  
Esther Walker, Health Department  
Jim Copeland, Health Department  
Jennifer Siciliano, Inova Health System

### **Call to Order**

The meeting was called to order by Marlene Blum at 7:40 p.m.

### **May Meeting Summary**

The minutes from the May 14, 2012 meeting were accepted as revised.

### **George Mason University's Health Care Reform Report**

Copies of the George Mason University's *Recommendations to the Fairfax County Health Care Reform Implementation Task Force* were distributed.

### **Report of the Nominating Committee**

The Chairman of the Nominating Committee, Ellyn Crawford, along with members Bill Finerfrock and Tim Yarboro announced that the committee communicated with members of the HCAB as well as current office holders. Ms. Crawford stated that the committee was pleased to nominate Marlene Blum, Rose Chu, and Bill Finerfrock to continue in their current roles as Chair and Vice Chairs of the HCAB. The committee thanked the nominees for their service and dedication to the residents of Fairfax County.

Ms. Blum, Ms. Chu, and Mr. Finerfrock were re-elected by a unanimous vote.

### **Fairfax-Falls Church Community Services Board (CSB) Budget Shortfalls**

The CSB is estimating a projected budget shortfall of \$9.4 million for FY 2013. On May 22, 2012, the Board of Supervisors (BOS) directed the Human Services Council to facilitate a public review process to prioritize, review and evaluate the impact to the CSB's proposed Budget Management Plan on individuals, families, provider network and the human services system. The HSC, in collaboration with the CSB, is offering the community an opportunity to comment on CSB's plan and share its concerns regarding what reductions may need to occur in the human services systems, as well as elsewhere in the County. A survey has also been developed to collect public input on the CSB's deficit.

Several HCAB members expressed concern over what contributed to the CSB's deficit. According to published reports, a decrease in state and federal funding coupled with insufficient insurance reimbursements has contributed to the CSB's situation. An audit of the CSB has been authorized and more answers will emerge, but given the immediate concerns, it was suggested that the HCAB focus on its comments to the HSC. Ms Blum said that it has been predicted that at Carryover the Board will approve using the \$4 million reserve in the Adopted FY 2013 Budget to cover part of the \$9 million the CSB funding shortfall.

HCAB members agreed that they were not trying to establish the causality of the CSB's fiscal management problems. However, there was concern that money was being thrown at a problem of which no one knows the cause. Members were concerned that there was no guarantee the CSB, or other human services agencies, wouldn't find themselves in the same position come FY 2014.

Furthermore, some members felt that the CSB had not been subject to the same fiscal constraints as other agencies. It was noted that while other agencies have been forced to make and take cuts, the CSB's programs have been close to fully funded. Members felt that the BOS' decision to draw from the county's reserves and its need to identify an additional \$5 million in revenues or cuts, meant that the CSB was not being held accountable. Members felt that the CSB needed to change the way it provides services, and more importantly, learn to live within its means. HCAB members stated they agreed that the CSB provides critical emergency services, but felt that CSB programs should not be prioritized over those of other agencies. Other human services agencies, the Health Department included, provide critical and life saving services.

It was also suggested that the HCAB lay down a marker that the human services system should not be the one to bear the full brunt of the costs.

A question was asked regarding the CSB's early intervention programs and whether or not they bill insurance. Rosalyn Foroobar replied that they did. Ms. Foroobar was asked if there was any overlap between the Health Department's early intervention programs and those of the CSB. She said no. The Infant Toddler Connection sees a

specific population, while the Health Department serves those who have developmental delays and are identified by Healthy Families.

With respect to the HCAB's statement to the HSC, there was some concern that the draft focuses almost exclusively on the Health Department. A suggestion was made to include a sentence that characterized the proposed cuts to CSB as detrimental and recommend that the BOS find a way to protect and continue the CSB's programs without cutting the funding for other human services. An argument was made to expand the HCAB's support for all human services because there was substantial overlap between the populations served by both the Health Department and the CSB.

Other members were concerned that if the HCAB did not advocate for the Health Department, no one else would. It was suggested that the statement continue to emphasize the cuts to the Health Department and the impact these reductions have had on individuals, families, and the community at large.

Ann Zuvekas moved that Ms. Blum revise the draft statement to reflect the HCAB's discussion and the concerns raised by individual members. Francine Jupiter seconded the motion. The motion carried unanimously.

Ms. Zuvekas also suggested that in addition to the HSC, the HCAB send its statement to the BOS and the County Executive.

Ms. Blum informed the HCAB that the BOS has scheduled a hearing on the Carryover Budget for September 11. The HCAB's next meeting is September 10, at which time the board can decide whether or not to submit testimony. Sherryn Craig was requested to secure a slot for the HCAB to testify.

### **Inova Translational Medicine Institute (ITMI) Recommendation**

At the conclusion of the HCAB's May meeting, Marlene Blum agreed to draft a memo to the Board of Supervisors regarding the BOS' decision to allocate \$11 million to Inova's ITMI. Copies of the memo were distributed electronically.

Marty Lebowitz, who was unable to attend May's meeting, shared his concerns about the program. He argued that this concept has been under research for years, and it has yet to pay off in the way that Inova is claiming in its advertisements and materials. Dr. Lebowitz maintained that healthy skepticism, rather than boundless enthusiasm, is the best quality you can have when it comes to medicine and research.

Dr. Lebowitz expressed particular concerns about Inova's motivation: Is ITMI's purpose to increase medical knowledge or increase monetization.

He cited a recent *New York Times* article that reported the outcomes of a new study on twins. The study and the article cast doubt on the ability to use or translate biomedical

data into predictive or prescriptive medicine. The article states: "While sequencing the entire DNA of individuals is proving fantastically useful in understanding the diseases and finding new treatments, it is not a method that will, for the most part, predict a person's medical future."

Dr. Lebowitz stated that he was not dismissing or disqualifying the importance of genomic research, but urged caution when it has been framed as something patients should buy. He concluded by saying that ITMI was an attempt by Inova to purchase research credibility.

Ms. Blum informed the HCAB that the \$11 million that the County has committed to ITMI was voted on during the Board of Supervisor's budget guidelines for the coming fiscal year in May. The BOS articulated its support for ITMI based on its ability to improve healthcare for all of Fairfax County's residents and its potential to stimulate economic development. While the BOS cannot obligate future Boards to appropriate funding, the County Executive has been directed to return to the BOS in the fall with a plan for allocating the funds over successive years.

Dr. Lebowitz felt that the BOS had not been properly informed on the issue, and if the County moved forward to fund the ITMI, it would eventually be recognized as a poor investment. Bill Finerfrock stated that "he was in full agreement with Dr. Lebowitz."

Mr. Finerfrock felt that the memo that was circulated for the HCAB's review was too tepid, and that the revised draft should include language along the lines of what Dr. Lebowitz had articulated.

Ann Zuvekas agreed with both Dr. Lebowitz and Mr. Finerfrock.

Ellyn Crawford agreed with some of the comments that had been expressed, but also expressed her belief that the U.S. research and development industry was in decline.

Regional institutions, like Georgetown, Johns Hopkins, Virginia Commonwealth University (VCU), and the University of Virginia (UVA) were cited as examples of where mature, biomedical and translational research programs have been established. While Inova has characterized this research as cutting-edge, it could be argued that the ITMI is not innovative and is actually late to arrive to the party. Dr. Lebowitz reiterated his belief that the BOS did not have a complete picture of the problem or the solution it was purporting to solve

Ms. Blum cautioned against being too inflammatory in its remarks to the BOS. While the HCAB can tell the Board that it has made a mistake, this will not influence its overall position; the situation is not likely to change. Ms. Zuvekas felt that it may be possible to get the BOS to reverse its decision to commit funds and cited the Homeless Healthcare van as an example.

Ms. Zuvekas suggested that in the HCAB's memo, a recommendation be made for standards and/or measurements that will hold Inova accountable for the Institute's stated goal of economic development. She advised that the memo should recognize the importance of the program but request the BOS to review the ITMI's feasibility and include knowledgeable community members in the development of key milestones and measurements. She concluded by saying that the HCAB's approach should be to establish a marker for being highly skeptical of ITMI, but not say that it's opposed to the idea altogether.

Dr. Yarboro agreed and felt the HCAB should go on the record about how it feels: ITMI is a poor expenditure of a large sum of county money. He also wanted to know where and what the \$11 million allocation was based on, and specifically how the BOS arrived at that number.

The HCAB members concluded that the tone of its memo should be more skeptical.

Ms. Zuvekas moved that in its memo to the BOS, the HCAB ask the Board to create specific guidelines for ITMI and invite other community members, as appropriate, to participate in the overall development of these measures. Mr. Finerfrock seconded the motion and the motion carried unanimously.

The HCAB memo will include a request that the BOS build accountability into the economic development piece of the ITMI's stated objectives.

Ms. Zuvekas underscored the need for accountability and key milestones as a condition for funding. She perceives Inova as having a history of starting programs which it does not or never finishes.

Ms. Blum said that she would redraft the HCAB's memo, and a revised version would be sent out for comment after the HCAB finalized its statement on the CSB's budget for the public hearing on June 18.

Rose Chu, who has contacted Supervisor Penny Gross, also encouraged members to talk to their Supervisors. Mr. Finerfrock stated that he had contacted Supervisor Herrity who agreed to go back and relook at the issue. Ms. Blum has also spoken to Supervisor Smyth. Ms. Zuvekas has contacted Supervisor Cook. Dr. Lebowitz offered to talk to any Supervisor who was interested or had questions.

### **Introduction of Pieter Sheehan**

Rosalyn Foroobar introduced Pieter Sheehan, the new Director of Environmental Health, who has been with the Health Department for almost two months. Mr. Sheehan comes to Fairfax County after serving as the Director of Environmental Health at St. Charles County Health Department in Missouri. Fairfax County is the fifth county that Mr.

Sheehan has worked for. He is originally from the San Francisco Bay area, but was raised in Tucson, Arizona.

St. Charles, Missouri has a population of about 500,000, and is the largest growing county in the state of Missouri. Prior to St. Charles, Mr. Sheehan worked in St. Louis Missouri with a population of almost 1.2 million. He also has previous experience as a Senior Environmental Specialist at the Monterey County Health Department in Salinas, California, and as an Air Quality Investigator with the Maricopa County Health Department in Phoenix, Arizona.

### **School Health Update**

Esther Walker, Associate Director of Patient Care Services, provided an update on the Health Department's School Health Program. The goal of the school health program is to manage health issues of school-aged children by providing health related support services in the school setting that allow students to safely gain the most from their educational day. School Public Health Nurses (PHNs) assess the health needs of individual students, develop health care plans to meet those needs and provide the training associated with the implementation of the plans within five working days of notification. School Health Aides (SHA) are available on-site to provide direct services to students who are sick or injured and need medication.

During School Year (SY) 2010-2011, 177,580 students were enrolled in 194 school sites. An average of 4,022 students was seen in school clinics each day during the school year.

Sick and injured visits continue to decline with an increased emphasis on education in the classroom and keeping ill students home. There were 46,677 students on the Medical Flag List whose health condition was managed with a standard protocol, an individualized health care plan, or a non-standard health care plan. This represents 27% of the FCPS' student enrollment.

Additionally, school PHNs do a comprehensive nursing assessment for students with complex, critical health care needs who may require a non-standard procedure or require one-on-one nursing care during the school day (i.e., require care beyond standard seizure protocol- waiting more than 5 minutes, buccal ativan, etc). Currently, 27 students with critical health conditions (i.e., students who require trach changes or ventilator assistance) have a contract nurse assigned to them to provide skilled nursing care during the educational day.

In SY 10-11, 1,244,005 students were enrolled in Virginia schools; Fairfax has 14% and 49% of all students identified with allergies. This includes food, insect and environmental allergens. For other health conditions such as asthma, diabetes, and seizures, Fairfax has 14-18% of the State total student population.

A critical component of the health care plan process is the training of FCPS staff to perform the procedures in support of the health plan. During SY 10-11, 10,250 staff were trained on Individual Health Plans and Procedures in support of students in regular school academic programs and an additional 726 school staff were trained in support of summer programs.

According to Ms. Walker, the SHAs do a good job of managing student complaints of illness and injuries. The FCHD's data consistently show that less than 1% of health room visits resulted in 911 calls. The SHAs and PHNs do provide services to adults in the building; the health room is the appropriate place to go when anyone is experiencing a health issue. In the case of adults, the same standard protocol for care of students is followed. The increase in calls for head injuries and allergic reactions is attributed to the recent increased focus on these 2 issues.

With respect to alcohol and drug abuse, Ms. Walker indicated that the number of substance abuse/alcohol poisoning is small.

There are 31 positions in the SHA sub pool. The sub pool has had a higher turnover rate as often times employees take these positions as an entry point for merit/permanent SHA assignments. Since FY 2010, the agency had been holding four positions vacant as part of its vacancy management plan. The Health Department also made the decision in January not to fill any vacant sub positions given the possibility of the BOS decreasing the FY 2013 sub pool.

Because of the advocacy of the HCAB, the Health Department has been able to maintain a pool of 26 positions and it does not feel that there will be any issue managing a coverage rate of 76%. Ms. Walker agreed to return to the HCAB in December or January to update the HCAB on the impact of the reduced sub pool on SHA coverage and students' health.

Ms. Walker also credited the advocacy of the HCAB for securing the 12 additional SH PHN positions, as recommended by the School Health Study and Strategic Plan, in the FY 2012 budget.

The Health Department has hired eight Health Promotion (HP) Specialists, which will also be deployed to schools at the beginning of each school year to help with screenings and identification of students' medical conditions. With the remaining time, the HP PHNs will work on the development and implementation of prevention programs. The Health Department is working closely with the FCPS Living Fit grant and its pilot schools.

The School Health Promotion program will use a coordinated school health approach as recommended by the Centers for Disease Control and Prevention (CDC). The program

will initially be evidence-based and focus on students in kindergarten and primary grades.

All SH staff will play an important role in the implementation of the HP Program. Currently the Health Department is focusing on three areas: Primary grade students, before after school programs with our community partners, and parent/school community.

Managers will oversee the process and program implementation in two school clusters. HP PHNs will develop actual programs and work closely with the SH PHN (Care Coordination Specialist) to roll out the programs at the school site. Care Coordination Specialists will work in the schools with the HP PHNs to implement care coordination since the PHNs know the school staff best. The SHAs will reinforce good health practices with each student that visits the health room.

After years of discontinued practice, Fairfax County is also implementing a plan to collect children's Body Mass Index (BMI) using their physical examinations at point of entry into FCPS. This data will be reported out so that work can be focused at the school level that demonstrates a need for intervention.

Intermediate and Long Term Outcomes will be measured using the Fairfax County Youth Survey. These goals are congruent with FCPS' LivFit grant.

The Health Department will continue to work to fill the backfills created by the establishment of the 12 new positions.

Some upcoming challenges include staffing, pending Epi pen legislation, trainings, and care plan development. The PHNs need to develop care plans and train staff as a part of the performance goal of having a safe plan in place within 5 days of notification. Trainings must be timely and concise. The General Assembly also passed legislation requiring all schools to implement standing orders to administer epinephrine for any child who presents with symptoms suggesting anaphylaxis. Last year, 51 epi pens were administered.

### **Division of Community Health Development and Preparedness**

Jim Copeland, Director of the Division of Community Health Development and Preparedness (CHDP) provided an overview of the division's activities and accomplishments. The CHDP was established as part of the FY 2011 Adopted Budget Plan and consolidates four Health Department units: Outreach, Planning, Emergency Preparedness, and Public Information. The Division facilitates and integrates the Health Department's community capacity and resiliency building efforts with a strategic focus on population health and health equity.

The goals of the CHDP include:



- Assist department efforts to leverage community assets to address public health challenges.
- Continually strengthen preparedness and response capabilities.
- Enhance department cultural competency.
- Enrich department service delivery improvement efforts by providing a community perspective.
- Facilitate department transition to population based approaches with a healthy focus.

The CHDP's projects and accomplishments during its first 20 months of operation include Community Initiatives (e.g. vaccine literacy campaign, the Partnership for a Healthier Fairfax (PFHF), Chronic Disease Program, and Community Champions), Emergency Preparedness (e.g. National Recognition, Vaccination Clinics, Planning and Exercises, and the Medical Reserve Corps), and Grants and Fellowships (e.g. State Grants totaling \$680,000, Community Transformation Grant for \$2.5 million, and the Centers for Disease Control's Prevention Fellow).

The Division's ongoing and upcoming efforts include:

#### *Planning*

- Support the PFHP
- Support the development of a Community Health Improvement Plan
- Update the department's strategic plan and prepare for national accreditation

#### *Outreach*

- Strengthen and expand community partnerships
- Expand and administer the Community Health Champions program, Tuberculosis awareness campaign, and support health equity programming

#### *Emergency Preparedness*

- Exercise direction and control and mass dispensing plans and participate in county exercises
- Produce MRC strategic plan and expand and diversify volunteer base
- Provide training to staff and volunteers

#### *Public Information Office*

- Expand use of web and social media blogs
- Diversify internal department communication tools and strategies
- Update policies and procedures

As the Division moves forward, it will continue to facilitate new approaches that focus on the community, its assets, and influence as well as focusing on the population's health and health equity. The CDHP recognizes that the whole local public health system is greater than the individual parts – both within and outside the department – and it will identify better ways to collaborate within the larger system.

A question was asked regarding private physician participation. Dr. Gloria replied that the Health Department communicates regularly with providers. The Northern Virginia

Medical Society is one of the agency's partners, although admittedly its membership is mostly retired and semi-retired. The Health Department does work with Inova around major communication and preparedness issues, but anything larger – such as health systems promotion change – has been outside of the agency's purview. With respect to the Inova-Fairfax County Task Force (aka "Gang of 6"), the group has had one meeting and another one is scheduled. Dr. Gloria concluded that the Health Department does not have a uniform way of engaging the private physician community.

Ms. Foroobar also clarified that the PFHF is not the Health Department. Rather, it is a community based coalition, of which the Health Department is a member. Dr. Gloria and Ms. Foroobar said that the Health Department has a lot of ongoing programs and initiatives, but the CDHP is a small component of the Health Department, in terms of staff.

Ms. Zuvekas requested an organizational diagram of the Health Department in order to clarify how the divisions and programs operate.

### **Discussion of Health Care Topics and Speakers**

Ms. Zuvekas distributed a self education program proposal whereby the HCAB would organize information sessions with outside speakers as part of its monthly meetings. Ms. Zuvekas felt that it was important for the HCAB to know not just what's going on in Fairfax County, but also what's going on in the world as it relates to health care.

Ms. Zuvekas will e-mail this proposal to HCAB members. Members are encouraged to share their thoughts about anything that may have been left off the list of topics as well as sharing things they know may be going on in public health. In addition to Ms. Zuvekas' e-mail, Ms. Craig will compile a survey, vis-à-vis Survey Monkey, so that people can respond, write in additional topics, and make recommendations.

Despite some concerns about scheduling and cancelling speakers in the event of a full agenda, members agreed to experiment with a few sessions. If the briefings are considered useful, the HCAB can expand and build more of them into the HCAB's work plan.

There being no further business, the meeting adjourned at 10:02 pm.